

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31679
4003

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				c. LENGTH OF STAY (In this place) <u>4</u> YR.			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1243 W. 67TH. TERRACE</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. STREET ADDRESS <u>1243 W. 67TH. TERRACE</u>				f. (If rural, give location) <u>3850</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eva</u>		b. (Middle) <u>M</u>		c. (Last) <u>Huncke</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>9,</u>		(Year) <u>1952.</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 6, 1905</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bert S. Prunty</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Drury</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie W. Huncke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Leslie W. Huncke-1243 W. 67th. Terr.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA of breast (left)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION <u>July 11, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>CA of left breast c metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT _____ NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 10, 1951</u> , to <u>Sept 9, 1952</u> , that I last saw the deceased alive on <u>Sept 9, 1952</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard A. Twyman</u>		23b. ADDRESS <u>245 Plaza Time Bldg, KC, Mo</u>		23c. DATE SIGNED <u>9-9-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>De Moines, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>9-10-52</u>		REGISTRAR'S SIGNATURE <u>Lealdine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure</u>		ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

F. S. Wilton

Licensed Embalmer No. *2744*

P. O. Address *14 Cmo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.